

Some aspects of sexual identity of girls suffering from anorexia nervosa

Katarzyna Januszek

Summary

Introduction: The article presents the results of an empirical research on sexual identity of girls suffering from anorexia nervosa. The author introduces the theoretical concept of sexual identity. In the structure of sexual identity three aspects have been isolated, namely, a phenomenological aspect of sexual identity, conceptual aspect of sexual identity and the behavioural aspect of sexual identity. The second one, which includes self-esteem in the area of features related with sex, was the main object of interest in the study.

Subjects and methods: 30 girls suffering from anorexia nervosa and 30 girls without eating problems were examined. The method used in the study was the Q technique.

Results: A significantly lower level of self-esteem in the area of features related with sex was observed in anorectic patients in comparison with girls without eating problems. Moreover, some incoherence in the content of the conceptual aspect of sexual identity in anorectic girls was revealed.

Conclusions: Therapy for anorexic girls should certainly include work on their concept of femininity.

anorexia nervosa / sexual identity / self-esteem

INTRODUCTION

Sexual identity

Sexual identity stands out as one of the most important kinds of social identity, related to the individual's knowledge of her or his belonging to one of the two sexes. Authors who deal with the analysis of sexual identity very often reduce the problem to the phenomenological experience or self-knowledge. For example Woods [1] defines sexual identity through the "experience of being a man or a woman" or the "awareness of being of male or female sex" [1]. However, quite often a broader view of the problem of sexual identity is discussed in the literature, as if it were a certain whole complex structure, comprising expe-

riences, knowledge and also elements of behaviour, remaining in certain defined relationships [2]. Miluska [3] is one of the authors who favour the broad understanding of sexual identity. She identifies three aspects in the overall structure of sexual identity: the phenomenological aspect of sexual identity, the conceptual aspect of sexual identity and the behavioural aspect of sexual identity.

Miluska [3] identifies the phenomenological aspect of sexual identity (the feeling of sexual identity) as a "fundamental, existential feeling of being male or female, related to the acceptance of one's own sex on the psychological level". Sexual identity becomes a "conscious and accepted belonging to a given sex group, based on the criterion of biological sex". The feeling of sexual identity defined this way is a kind of pre-knowledge, untranslatable into the language of concepts.

The conceptual aspect of sexual identity is the area of self-image, organized around the category of sex, which reflects the level of identifi-

Katarzyna Januszek: Institute of Psychology, Faculty of Philosophy, Jagiellonian University, Cracow, Poland; Correspondence address: 2 Szczuki St. Apt.22, 02-776 Warsaw, Poland; E-mail: katarzyno@gazeta.pl

cation with the social model of femininity and / or masculinity.

The concepts of femininity and masculinity are usually used colloquially in a purely descriptive and theoretical sense, as a label for those attributes which within the stereotypes inherent in a given culture are ascribed to a larger degree to one sex than another. Creating models of femininity or masculinity on scientific grounds is an expression of various attempts to give these concepts a theoretical dimension. A one-factor model was commonly accepted until the mid 1970s, which assumed that there was a univocal relationship between biological sex and the psychological characteristics of a person. All attributes, which were considered more characteristic for men than women were treated, within this model, as an indicator of masculinity, and the lack of them as an indicator of femininity, and vice versa. The one-factor model did not presume the synthesis of features understood as male, with the features treated as female, within the characteristics of the same person.

Criticism of the one-factor model has fostered an emergence of a new two-factor model of femininity and masculinity. It proposes that each person can be described simultaneously in the same scales: masculinity and femininity. The configuration of results in these scales, allows for the distinction of four types, identified by the relation between their biological sex and psychological features. These are: 1) Persons sexually defined, whose psychological characteristics correspond to their biological sex; 2) Androgynous persons, characterized by a strong presence of male and female characteristics; 3) Sexually unidentified persons, with a weak presence of male or female characteristics; and 4) Persons with cross sex identification, with a prevailing presence of psychological characteristics corresponding to the opposite sex rather than their own biological sex. This typology, using the two-factor model of femininity and masculinity, is quoted after Bem [4] within her Sex Role Inventory Theory.

To summarize: the conceptual aspect of sexual identity is a self concept of a person's own characteristics, which reflects the degree to which she or he identifies with a social model of femininity and (or) masculinity. Self-esteem, which expresses the value a person attributes to her or his characteristics relating to sex, and a degree

to which they are happy with it, is an immanent component of the conceptual aspect of sexual identity.

The third aspect of sexual identity isolated by Miluska is a behavioural aspect, understood as "a projection of phenomenological and conceptual dimension of self-identity into the world of action" [3]. This aspect is revealed in different types of behaviour and ways of psychological and social functioning of men and women, particularly distinctly in undertaking their sexual roles.

It is a useful simplification to speak about the issue of determinants of sexual identity, that the biologically defined differentiation of both sexes is amplified by social and cultural factors, such as gender stereotypes and sexual roles.

A stereotype is defined in the literature as a set of ideas held about the personal attributes of a certain group of people (in the case of sexual stereotypes, men and women), which is largely simplified and inflexible [3]. The notion of "attribute" is understood here as a personality trait which gives basis for the behaviour differentiating the two sexes.

Sexual stereotypes provide ideological justification for sexual roles, which, using the definition of social role as understood by Mika [5], may be described as a set of regulations for the type of behaviour acceptable for persons identified as women and men.

If the definitions of sexual stereotypes and sexual roles given above are related to J. Miluska's concept of sexual identity, one might say that stereotypes condition the conceptual aspect of sexual identity, while sexual roles are related to its behavioural aspect.

In our cultural tradition, feminine and masculine roles have been strictly defined and distinct. Traditionally, the male role has been associated with earning a living, pursuing a professional career and social climbing. It involved such characteristics as: being active, confident, having a low level of fear, being egocentric and in control of one's emotions. The traditional female role was reduced to bearing children and nurturing home and family. Femininity was identified with the passive, submissive and immature side, low ability to control emotions and low aspirations [6, 7]. This differentiation between female and male attributes was explained in terms of hereditary fea-

tures and other traits of a purely biological nature (biological essentialism), which led to more general convictions about its universal and permanent character.

Changes in the perspective and approach to the issue of sexual differentiation arrived with the publications of K. Horney [8] on the cultural conditioning of woman's personality, and also with intercultural research conducted by M. Mead [9]. Their work inspired a gradual departure from biological essentialism, and gave more significance to social mechanisms and their role in forming sexual roles and related sexual stereotypes. These changes in science were accompanied by a civilisational transformation and the growing emancipation of women. In the last fifty years, in Western Europe, these factors gave grounds to the transformation of the traditional sex roles and gender stereotypes. New thinking about the nature of femininity and masculinity was reflected in the conviction that, in fact, the difference between the sexes is much weaker than previously thought. The female role began to shift much closer towards the male, which is enhanced by the trend of emphasizing the similarities between the sexes [10].

However, the old stereotypes are deeply grounded and so the transformation process has been long and complex. Traditional stereotypes are still widespread and exist next to the contemporary pattern of sexual roles, which results in a conflict between tradition and modernity, hindering the undertaking of sexual roles and reaching sexual identity in its conceptual and behavioural aspects [3, 10, 11]. Due to the fact that these transformations and formulaic changes are mostly happening within the stereotype of femininity, it seems that women are more exposed to difficulties.

The conceptual aspect of sexual identity – self-image

The conceptual aspect of sexual identity, as one of the areas of self-image, may be described with the same characteristics as those that refer to one's self-image as a whole.

Kulas [12] defines self-esteem as "the whole knowledge, impressions and ideas a person holds about herself or himself, which creates rela-

tively constant system of views, and provides basis for emotional attitude towards oneself, closely related to self-esteem". Understood this way, self-image is not a uniform structure. Three basic components are usually distinguished within self-image, and these are the "real I", the "ideal I" and self-esteem.

The "real I" includes information about what the subject is like at present, what are his or her characteristics, potential, achievements etc.

The "ideal I" is also called an ideal of one's person and includes all the qualities that one would want to have and those that one thinks one ought to have, in the light of one's ideals, desires, perceptions and moral standards". According to this definition, Kulas [12] distinguishes two elements comprising the "ideal I": the desire elements (desiring "ideal I"), which is a set of information about what one would like to be, and the postulative element (postulative "ideal I"), containing information about what one ought to be like for all sorts of different reasons.

The "ideal I" contains these two elements in various proportions for different kinds of people.

The degree of coherence and order of one's ideal of oneself is very important for the proper functioning and development of a person. Brzezińska [13] says that the contradictory content of the "ideal I" is very often behind the individual's fearfulness, weak control of behaviour, poor rational problem solving abilities and the hindering of personal development.

The third ingredient of self-image is self-esteem, usually defined in the literature as a set of self-referred judgments, opinions and evaluations [12, 14, 15]. One always evaluates oneself in reference to a certain standard or role model. Two criteria for self-evaluation have been identified in the literature. The first of them is an external criterion, where it is the other people who provide the basis for self-evaluation. In this case, self-esteem is formed on the one hand on the basis of comparing one's own qualities, behaviour and achievements with the achievements of others; and on the other hand it is the comments and opinions expressed about oneself by other people which provide the basis for self-evaluation. The second criterion is an internal criterion, where the individual passes judgment on the basis of the comparison of the "real I" with

the "ideal I." The degree of discrepancy between the two structures is an indicator of how high the individual's self-esteem is. It is worth pointing out that the discrepancy between the "real I" and "ideal I" fulfils an important role in the process of managing individual development. It provides motivational pressure, which stimulates actions aimed at reducing the gap, by attempts to achieve the ideal of one's own person. Too small a gap between the "real I" and "ideal I" is often associated with an excess of self-esteem and may lead to entirely criticism free self-satisfaction which, in turn, may hinder self-development. Too wide a gap between the two elements of self-image is usually related to low self-esteem, which leads to withdrawing from life, reducing one's activities, until a point of total loss of interest is reached [12, 14]. Research shows considerable individual differences in the degree of discrepancies between the "real I" and "ideal I". Brzeziński [16] observes that people whose social functions are unimpaired have a correlation co-efficient between the "real I" and "ideal I" between 0,50 and 0,60, which is much higher than in the case of emotionally disturbed people.

Issues of sexual identity in anorexia nervosa

Difficulties with attaining a sexual identity are considered to be vital in the process of falling ill and the development of anorexia nervosa, both in the psycho-dynamic and cognitive behavioural approach, but also within the family, social and cultural understanding of the disorder. The significance of these issues is related to a series of observations made on the nature of anorexia and how the patients actually function. It is remarkable that anorexia nervosa most often occurs in puberty, which is a key period for the development of identity, including sexual identity. Rapid physical growth, at the centre of the process, brings questions of sex and gender sharply into focus of young people. It is at this time, that they are confronted with their sexuality, forced to enter new social roles and test their prowess as a woman or a man.

Authors who appreciate the significance of issues relating to sexual identity in anorexia nervosa often highlight the fact that the patients' menstruating cycles frequently become irregu-

lar or disappear altogether, while they remain indifferent. [17, 18]. This is often interpreted as the lack of acceptance of the individual's own sexuality and a way to defer adulthood. Similarly, the disappearance of a feminine shape as a result of rapid weight loss, typical in anorexia, is often interpreted as the expression of a need to freeze one's own psychological and sexual development.

There are also numerous reports providing evidence for distortions in the adoption of sexual roles by girls with anorexia nervosa [18, 19], who rarely form permanent relationships or marry. Often they reject having children, show no interest in sexual matters, and the situations in which they may be involved sexually give grounds for the beginning of decompensation. They find it difficult to enter partnership roles based on emotional ties, intimacy or a physical bond with another person. Hence they function well in hierarchical roles, such as the role of a pupil or a professional position.

These considerations, in line with the previous analysis of sexual identity, allow us to state that the authors who convey a view of the lack of acceptance of their own femininity by girls with anorexia refer to the phenomenological aspect of their sexual identity. Research on entering sexual roles and involvement in sex-related behaviour would concern the behavioural aspect of the sexual identity of the patients.

As mentioned before, the contemporary transformations within sex/gender stereotypes take place mainly within the stereotype of femininity. It seems that the existence of contradictory expectations within the female role model might be especially perplexing to girls ill with anorexia. Low self-esteem, typical for these girls [20, 21], in conjunction with the characteristics of high aspirations and perfectionism may, in fact, cause the perspective of personal freedom and great opportunities offered to women in today's world to appear daunting, and stimulate a considerable degree of fear. Difficulties with integration of the conceptual aspect of sexual identity may be additionally deepened because of the often noted, strong emotional dependency on their mothers, a strong need for their approval and, overall, a dependency prone personality profile. These girls show a strong inclination to fulfil the needs of others [22, 23], and so the contradictory expect-

tations within the sexual stereotypes and female roles may be the cause of their inability to integrate within the content and structure of their own self-image, in such a way that they could reach a mature sexual identity.

Research problems, hypotheses and research questions

The subject of this research has been defined as a conceptual aspect of the sexual identity of girls with anorexia nervosa. Three components of this aspect of sexual identity have been investigated: the "real I", desiring "ideal I" and postulative "ideal I". Correlations between the "ideal I" and other structures have been treated as indicators for the girls' self-evaluation as women. The degree, to which the characteristics inherent in all three components of the conceptual aspects of sexual identity of girls with anorexia nervosa are compliant with the social stereotypes of femininity and masculinity have been also under investigation.

Having accepted the two-factor model of femininity and masculinity, it has been assumed that girls with anorexia can include both "masculine" and "feminine" characteristics in their conceptualization of sexual identity. The following research hypotheses have been formed:

1. Girls with anorexia have lower self-esteem, within the attributes comprising the conceptual aspect of their sexual identity, than healthy girls, which means that:
 - a) The discrepancies between the "real I" and the desiring "ideal I", within the attributes constituting the social models of masculinity and femininity (sexual stereotypes) are larger in anorexic girls than in healthy girls.
 - b) The discrepancies between "real I" and postulative "ideal I" within the attributes constituting the social sexual stereotypes are larger in anorexic girls than in healthy girls.

Apart from these hypotheses, research questions have been raised with regards to the content of the conceptual aspect of sexual identity of girls with anorexia nervosa, and the level of its compliance with social gender stereotypes. Does the degree of compliance of the attributes contained in the conceptual aspect of sexual iden-

tity with socially defined masculine and feminine stereotypes considerably differentiate the anorectic girls from girls without this eating disorder in respect of:

- a) the actual state of affairs; the way these girls describe themselves ("real I")
- b) the desires of these girls; what do they want to be like (desiring "ideal I")
- c) the expectations directed at them; what obligations do they feel (postulative "ideal I")

SUBJECTS AND METHODS

Subjects

Research group: 30 girls with anorexia nervosa, diagnosed according to the criteria specified in DSM-IV [22].

Control group: 30 girls without eating problems; target group to be as similar as possible to the research group; controlled age variable, type of school; number, sex and age of siblings, growing up in two parent or divorced family.

The age of girls in both groups: 13–20, with average 16, 6.

Methods

The method used in the study was the Q technique, described in detail by Brzeziński [16].

In principle, this method uses a sorting procedure (i.e. ordering/rating) of a set of cards with statements or adjectives written on them (so-called Q-sort) into a few separate categories, spread along a k-point continuum. The borders of the continuum signify as follow: a) left border: total lack of agreement of a given statement with a sorting criterion, which gets the lowest score i.e. "0" and b) right border: total agreement of a given statement with a sorting criterion, which gets the highest score i.e. k – 1 point. The research focused on a 9 point continuum, whereas the Q-sort positions have been chosen to reflect such attributes (personality traits) as, define masculinity and femininity in the Western culture. The attributes have been chosen from two sources: the Inventory for the Evaluation of Psychological Sex (IPP) and Questionnaire of Personal Characteristics.

The Inventory for the Evaluation of Psychological Sex (IPP) was conceived in Poland by A. Kuczyńska [4], based on the Bem Sex –Role Inventory invented by S.L. Bem. In the inventory, 20 characteristics have been isolated, pertaining to the female stereotype and 32 characteristics, which can be considered to belong to the male stereotype. Most of the characteristics were included on the list of positions comprising the Q-sort. The list was amended with the attributes from the Questionnaire of Personal Characteristics by Spence and Janet, which includes the Scale of Female and Masculine attributes. The questionnaire has been used in Poland in the research of the conceptual aspect of sexual identity of men and women carried out by J. Miluska [3].

The list constructed this way includes 60 attributes, half of which are personal characteristics belonging to the female stereotype, and the second half are the characteristics belonging to the male stereotype. The list in its final shape is included in the Appendix.

Research procedure

The studied girls were asked to sort the set of attributes three times, according to three different criteria:

- 1. Research of the “real I”: the girls sorted the characteristics in answer to the question “What am I like?” “What kind of woman am I?”
- 2. Research of the desiring “ideal I”: the girls answered the question “What is my ideal of a woman?” “What kind of woman would I like to be?”
- 3. Research of the postulative “ideal I”: the girls answered the question: “What is my mother’s ideal of a woman?”, “What kind of woman should I be to meet her expectations?”

The results obtained in each sorting round, i.e. the score in points (and positioning in the continuum) ascribed by a researched person to each of the 60 characteristics on the Q-sort, were then transferred to a specially prepared score sheet. Three collections of results have been obtained for each of the studied girls, reflecting the concentration characteristics in each of their “real I”, desiring “ideal I” and postulative “ideal I”.

RESULTS

The level of compliance between the “real I” and desiring “ideal I” of the girls has been evaluated by comparing the results received in the first and second sorting of the characteristics. Pearson’s correlation coefficient has been used as a measure of similarity between the two sets. The coefficient has been calculated separately for each researched person, and then a separate average correlation coefficient has been defined for the group of ill girls and for the girls from the control group. The significance level for the obtained differences has been tested with the t test, with the significance criterion $p < 0.05$.

As expected, the research has shown that in the group of anorexic girls, the compliance between the “real I” and desiring “ideal I” in the area of their characteristics relating to sex was considerably lower than in the group of healthy girls. These results are presented in Tab. 1.

The degree of compliance between the “real I” and the postulative “ideal I”, which has been calculated based on the comparison of the results of the first and third sorting of characteristics, has also proven lower in the group of anorexic girls than the group of healthy girls. However, the differences between the groups have proven insignificant. The results are presented in Tab. 2.

In order to find out the level of concentration of “masculine” and “feminine” characteristics in the conceptual aspect of sexual identity of the researched girls, the values ascribed by them to each characteristic from both groups (“masculine” and “feminine”) in each of the three sorting rounds have been summarized, with the following conclusions:

Table 1. Degree of compliance of the “real I” with the desiring “ideal I” in the group of girls with anorexia nervosa and in the control group.

Research Group		Control Group		Difference (test t)
Average correlation coefficient	s	Average correlation coefficient	s	
0.38	0.29	0.53	0.18	$t = -2.28$ $p < 0.03023^*$
* – statistically significant difference at a level $p < 0.05$				

Table 2. Degree of compliance of the “real I” with the postulative “ideal I” in the group of girls with anorexia nervosa and in the control group.

Research Group		Control Group		Difference (test t)
Average correlation coefficient	s	Average correlation coefficient	s	
0.28	0.30	0.38	0.29	t = -1.24 p < 0.226433*

* – difference statistically insignificant at the accepted level of significance (p < 0.05)

1. In the “real I” of the girls from both research and control group, the characteristics which in the traditional gender stereotypes are considered female are dominant; however the comparison of the girls from both groups has shown that the girls ill with anorexia consider themselves to be much more “feminine” than their healthy counterparts.
2. In the desiring “ideal I” of the girls from both groups, it is the features socially accepted as

“masculine” that dominate, and there are no significant differences as far as the level of their concentration is concerned.

3. In the postulative “ideal I” of the girls with anorexia, the concentration of “feminine characteristics is higher than of the “masculine” features, which means that they think that their mothers would expect them to develop the characteristics belonging to the female stereotype to a larger degree than those traditionally thought of as male. However, the reverse was revealed to be true in the control group, showing a higher concentration of “masculine” characteristics. The discussed difference between the groups has not been confirmed at the accepted level of significance p<0.05 but it remained at the level of clear tendency (p<0.08).

These results of the content analysis of the conceptual aspect of sexual identity are presented in the Tab. 3 below.

Table 3. Concentration of “masculine” and “feminine” characteristics in the “real I”, desiring “ideal I” and postulative “ideal I” in the girls from both researched groups

	Variable	Research Group			Control Group			Difference between the groups
		Sum	Average	s	Sum	Average	s	
“real I”	Values ascribed to “masculine” characteristics	3285	109.5	10.92	3447	114.9	12.14	162 p < 0.0377*
	Values ascribed to “feminine” characteristics	3915	130.5	10.92	3753	125.1	12.14	
desiring “ideal I”	Variable	Research Group			Control Group			Difference between the groups
	Sum	Average	s	Sum	Average	s		
	Values ascribed to “masculine” characteristics	3628	120.9	11.04	3725	124.2	9.30	97 p < 0.113**
postulative “ideal I”	Values ascribed to “feminine” characteristics	3572	119.1	11.04	3475	115.8	9.30	
	Variable	Research Group			Control Group			Difference between the groups
	Sum	Average	s	Sum	Average	s		
	Values ascribed to “masculine” characteristics	3533	117.8	10.97	3649	121.6	10.83	116 p < 0.0878**
	Values ascribed to “feminine” characteristics	3667	122.2	10.97	3551	118.4	10.83	

* – statistically significant difference at the level of p < 0.05; ** – statistically insignificant difference at the level of p < 0.05

RESULTS AND DISCUSSION

The first hypothesis, claiming that in the case of the girls ill with anorexia nervosa, the discrepancies between a) "real I" and desiring "ideal I" and b) "real I" and postulative "ideal I" within their characteristics relating to gender are higher than in case of the healthy girls, has been confirmed only partially in the research. In the case of the girls ill with anorexia nervosa, the discrepancy between the "real I" and the desiring "ideal I" is considerably higher than in the case of the girls without this eating disorder. However, no significant differences between the groups have been identified in reference to the discrepancy between the "real I" and postulative "ideal I". It has been initially accepted that the level of discrepancy between the "real I" and the "ideal I", in both the desiring and postulative aspects, is one of the main indicators of a person's self-esteem, but as no significant differences have been observed between the girls ill with anorexia and the healthy girls, as far as the level of discrepancy between the "real I" and postulative "ideal I" is concerned, it is the discrepancy between the "real I" and the desiring "ideal I" which has been considered to be the main factor differentiating self-esteem. As this discrepancy is considerably higher in the group of patients with anorexia, it allows for the conclusion that the self-esteem of these girls within their characteristics related to gender is considerably lower than the self-esteem of healthy girls.

Interesting results have been obtained in the analysis of contents comprising the conceptual aspect of sexual identity of girls in both groups.

As far as the "real I" is concerned, the characteristics involved in its structure correspond to a larger degree to a traditional stereotype of femininity than masculinity, equally for anorexic and healthy girls alike. The difference between the concentration of "feminine" and "masculine" characteristics in the "real I" of anorexic girls is, however, considerably higher than in the case of healthy girls. The "masculine" characteristics in the "real I" of anorexic girls have very low concentration: these girls consider themselves less sociable, confident, tough, having a lesser sense of humour and less of a tendency to experiment sexually; they think they are less brave, cheerful, cunning or forceful than their healthy cor-

respondents. The anorexic girls have also ascribed to themselves more stereotypically feminine characteristics: they think of themselves as more tearful, weak and in need of caring, shy, yielding, whimsical, submissive, and sensitive, as good housewives and better at taking care of cleanliness than healthy girls. Only within two "feminine" features i.e. "flirtatious" and "warm towards others" did the anorexic girls rank themselves higher than the healthy girls.

As far as the desiring "ideal I" is concerned, the characteristics involved in the structure do not differentiate the ill girls from their healthy counterparts. The girls in both groups declared the desire to have more characteristics belonging to the masculine stereotype than the characteristics regarded as feminine. Hence the anorexic girls have in reality more "feminine" than "masculine" characteristics in their "real I" and the concentration of "masculine" characteristics is in their "real I" considerably lower than in the case of the healthy girls; it seems that anorexic girls would find it more difficult to achieve their ideal based on the "masculine" stereotype.

An interesting observation has been made as a result of content analysis of the postulative "ideal I" of the studied girls, i.e. the postulative "ideal I" of the healthy girls is in content compliant with their desiring "ideal I", but there are certain discrepancies in this area among the anorexic girls. In the postulative "ideal I" of the healthy girls, similarly to their desiring "ideal I", the concentration of "masculine" stereotypical characteristics was higher, whereas in the case of girls ill with anorexia nervosa their desiring "ideal I" was permeated with "masculine" features while their "ideal I" shows more of a concentration of "feminine" characteristics. In spite of the fact that this tendency seems to differentiate both groups, even though it hasn't been statistically confirmed at the accepted level of significance, it seems to be worth noting and perhaps of reviewing further. If confirmed, it would cast an important light on the issue of the difficulty with attaining sexual identity for the anorexic girls. The existence of these difficulties could then be related to the existence of discrepancy of content in the "ideal I" of sick girls. Their desire to develop "masculine" characteristics would then remain in contrast to the expectations of their mothers. The dilemma arising in this situation would be

difficult to solve, because mothers are generally considered very important to the girls with anorexia nervosa, and the need for their approval is very high [22, 23].

CONCLUSIONS

The research has captured a few interesting regularities in the conceptual aspect of sexual identity of the girls ill with anorexia nervosa, which might cast a certain light on the issue of difficulties with attaining sexual identity. Low self-esteem in the area of sex related characteristics, confirmed discrepancies in content between the "real I" and desiring "ideal I" and postulative "ideal I" observed in the case of these girls, might make it difficult for them to work out a coherent concept of themselves as women, which would, in turn, make it difficult for them to undertake sexual roles and achieve a mature sexual identity. In this situation, one of the possible ways of coping with the difficulties would be to concentrate on the external gender attributes only, such as appearance, and also to accept the role of a sick person which, to a certain degree, relieves the necessity to undertake sexual roles.

These considerations show that therapy for anorexic girls should certainly include work on their concept of femininity. Making the issue more conscious and coherent for them, together with the work on raising their self-esteem as females, may prove to be important factors in the healing process. It would also appear important to relieve the sick girls of the pressure of other people's expectations and to encourage their confidence in trying to become the kind of women they want to be. Within family therapy it may prove useful to negotiate the issue of femininity and the expectations relating to this area.

REFERENCES

1. Woods R. O miłości która nie śmiała wymówić swojego imienia. Poznań: Dom Wydawniczy REBIS; 1993.
2. Witkowski L. Tożsamość i zmiana – Wstęp do epistemologicznej analizy kontekstów edukacyjnych. Toruń: Wydawnictwo Uniwersytetu Mikołaja Kopernika; 1988.
3. Miluska J. Tożsamość kobiet i mężczyzn w cyklu życia. Poznań: Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza; 1996.
4. Kuczyńska A. Inwentarz do oceny płci psychologicznej. Podręcznik. Warszawa: Pracownia Testów Psychologicznych PTP; 1992.
5. Mika S. Psychologia społeczna. Warszawa: PWN; 1981.
6. Lew – Starowicz Z. O seksie, partnerstwie i obyczajach. Warszawa: Wydawnictwo Współczesne; 1988.
7. Lew – Starowicz Z. Kobieta i eros. Wrocław: Zakład Narodowy im. Ossolińskich – Wydawnictwo; 1991.
8. Horney K. Psychologia kobiety. Poznań: Dom Wydawniczy REBIS; 1997.
9. Mead M. Trzy studia. Płeć i charakter w trzech społeczeństwach pierwotnych. Tom III. Warszawa: Państwowy Instytut Wydawniczy; 1986.
10. Hurlock EB. Rozwój dziecka. Warszawa: PWN; 1985.
11. Oleszkowicz A. Kryzys młodzieńczy – istota i przebieg. Prace Psychologiczne nr XLI. Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego; 1995.
12. Kulas H. Samoocena młodzieży. Warszawa: Wydawnictwa Szkolne i Pedagogiczne; 1986.
13. Brzezińska A. Struktura obrazu własnej osoby i jego wpływ na zachowanie. Kwartalnik Pedagogiczny. 1973; 3: 87–97.
14. Niebrzydowski L. Psychologia Wychowawcza. Warszawa: PWN; 1989.
15. Kozielski J. Psychologiczna teoria samowiedzy. Warszawa: PWN; 1986.
16. Brzeziński J. Elementy metodologii badań psychologicznych. Warszawa: PWN; 1984.
17. Bomba J, Józefik J, eds. Leczenie anoreksji i bulimii psychicznej: Co, kiedy, komu. Kraków: Biblioteka Psychiatrii Polskiej; 2003.
18. Romejko – Borowiec A. Zaburzenia odżywiania się jako specyficzny sposób rozwiązania kryzysu tożsamości płciowej. Psychoterapia. 2004; 1: 13–21.
19. Golczyńska M. Anorexia nervosa – psychospołeczne tło zaburzeń. Nowa Medycyna. 1996; 17: 1–16.
20. Talarczyk-Więckowska M, Rajewski A. Ocena poziomu intelektualnego oraz poziomu aspiracji i samoakceptacji u dziewcząt chorych na jadłowstręt psychiczny. Nowa Medycyna. 1996; 17: 62–67.
21. Putyński L, Zarzycki J. Charakterystyka obrazu ciała i samooceny u dziewcząt z jadłowstrętem psychicznym i otyłością prostą. Pediatria Polska. 1994; 6: 45–420.
22. Jakubczyk A, Żechowski C. Anoreksja jako przejaw „pogranicznej” (borderline) struktury osobowości. Nowa Medycyna. 1996; 17: 18–24.
23. Wolska M. Cechy indywidualne pacjentów z zaburzeniami odżywiania się. In: Józefik B, ed. Anoreksja i bulimia psychiczna. Kraków: Wydawnictwo UJ; 1999, p. 6–68.
24. Diagnostic and Statistical Manual of Mental Disorders. Fourth edition. Washington DC: American Psychiatric Association. 1994.

APPENDIX

A list of sex related characteristics used in the research

Masculine characteristics:	Feminine characteristics:
1) Self-contained	1) getting involved in other people's business
2) convincing	2) trusting
3) consistent	3) tearful
4) easily addicted	4) flirtatious
5) confident	5) having good sense of aesthetics
6) tough	6) whimsical
7) arrogant	7) capable of making sacrifices
8) composed	8) agreeable, affable
9) cunning	9) focused on home and family
10) competitive	10) yielding
11) experimenting sexually	12) emotional
12) in good physical health	13) sensitive to the needs of others
13) secretive, hiding feelings	14) reflexive
14) sociable	15) gentle
15) open to the external world	16) naive
16) domineering	17) affectionate
17) forceful	18) kind
18) having good sense of humour	19) good housewife
19) rough in contacts with people	20) submissive
20) egoistic	21) taking care of her appearance
21) brave	22) likes intrigues
22) demanding	23) fragile
23) independent	24) caring, protective
24) active	25) expert in fashion
25) success oriented	26) weak, in need of care
26) full of ideas	27) taking care of cleanliness
27) likes comfort	28) shy
28) gets involved in public matters	29) warm towards the others
29) cheerful	30) sensitive